

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kevin J.
Gaughan, et al.

Serial No.: 09/551,110

For: **TRANSFERRING
INFORMATION BETWEEN AN
INTERNET MODULE AND TV
CONTROLLER OF A WEB TV**


Filed: April 18, 2000

Group Art Unit: 2611

Examiner: M. DeMicco

) I hereby certify that this
) paper is being deposited
) with the United States
) Postal Service as first
) class mail, postage prepaid,
) in an envelope addressed to:
) Commissioner for Patents,
) P.O. Box 1450, Alexandria,
) VA 22313-1450 on this date:

) April 6, 2004

) 
) _____
) Trevor B. Joike
) Reg. No. 25,842
) Attorney for Applicant

AMENDMENT RESPONSIVE TO JANUARY 26, 2004 OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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APR 13 2004

Dear Sir:

Technology Center 2600

INTRODUCTION

Claims 44-65 remain in the application. Claims
44-47 and 54-65 are rejected. Claims 48-53 are objected
to as being dependent from rejected claims but are
otherwise considered to be allowable.

TELEPHONE (312) 258-5500



SCHIFF HARDIN LLP

PATENT DEPARTMENT
6600 SEARS TOWER
233 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

2611

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In re application of: Kevin J. Gaughan et al.

CONFIRMATION NO.: 2550 -

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SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

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CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	* 22	MINUS	** 22	X	() X 9.00 () X 18.00	\$
INDEP. CLAIMS	* 3	MINUS	3	X	() X 43.00 (X) X 86.00	\$.00
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$135.00 () \$270.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ month so that the period for response is extended to _____. A check in the amount of \$ _____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 26 0175. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ is attached.
- ☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 26 0175. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5774.

SCHIFF HARDIN LLP (Customer Number: 28574)

BY Trevor B. Joike (25,542)

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Trevor B. Joike

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

April 6, 2004

DATE

TELEPHONE (312) 258-5500



SCHIFF HARDIN LLP

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233 SOUTH WACKER DRIVE
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